

## ICD-10-CM Reporting for Schools

This joint guidance under the [Interagency Agreement](#) between the Minnesota Department of Education (MDE) and the Minnesota Department of Human Services (DHS) explains the federal requirement about ICD-10-CM codes effective Oct. 1, 2015, for all Minnesota schools that bill Minnesota Health Care Programs (MHCP) for Individualized Education Program (IEP) health-related services.

### How does this affect schools?

For dates of service on or after Oct. 1, 2015, federal law will require schools to report ICD-10-CM codes for IEP health-related services billed to MHCP. Schools must submit an individual ICD-10-CM code for each specific service provided to a child.

Continue reporting ICD-9 code 315.9 (“Unspecified delay in development”) for any IEP health-related service provided on or before Sept. 30, 2015. If a school reports an ICD-9 code for health-related services provided after Sept. 30, 2015, *MHCP will deny payment for that claim.*

### What is an ICD-10-CM code?

The International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10) is a collection of codes produced by the World Health Organization (WHO). The U.S. version of ICD-10 includes two code sets:

- ICD-10-CM (Clinical Modifications) classifies and describes (1) diseases and disorders and (2) signs, symptoms and conditions.
- ICD-10-PCS is for hospital inpatient procedures and does not apply to schools.

Schools will only report ICD-10-CM codes.

### Why are ICD-10-CM codes required?

ICD-9 codes do not clearly define a child's medical needs. ICD-10-CM codes are more specific and allow for

- consistent reporting of health needs and costs
- better payment processing
- improved compliance monitoring
- informed treatment decisions and care plan designs
- efficient tracking of children's health conditions and diseases

The U.S. Department of Health and Human Services (HHS) published a federal regulation on Jan. 16, 2009, requiring use of ICD-10 codes effective Oct. 1, 2015. HHS created this requirement under the Health Insurance Portability and Accountability Act (HIPAA). HIPAA requires covered health care providers to follow standards that simplify health care administration. ICD-10-CM codes help providers meet these requirements.

## **Instructions**

### **Identifying ICD-10-CM codes**

ICD-10-CM codes begin with a letter and are 3-7 characters long. They look like this: *R26.9*.

### **Diseases and disorders vs. signs, symptoms and conditions**

To report ICD-10-CM codes accurately, IEP teams must understand the difference between codes that describe diseases and disorders and codes that describe sign, symptoms and conditions.

*Disease and disorder codes.* These ICD-10-CM codes require a diagnosis from a primary care provider or mental health professional to be reported by an IEP team. The codes describe a disease or disorder generally—not a sign, symptom or condition of that disease or disorder. If a primary care provider or mental health professional diagnoses a child with a disease or disorder but does not provide a code, the IEP team may identify a disease or disorder code to bill services that treat the diagnosed disease or disorder. For example:

A primary care provider or mental health professional diagnoses attention-deficit hyperactivity disorder (*F90.9*) and gives written orders to administer medication to treat the disorder. The IEP team determines the school nurse will administer medication to the child. The nurse is treating the disorder. The IEP team will report *F90.9* as the ICD-10-CM code on the claim for administering medication.

*Sign, symptom and condition codes.* These ICD-10-CM codes do not require a diagnosis from a primary care or mental health professional to be reported by an IEP team. They describe signs, symptoms and conditions that a child is exhibiting without necessarily implying a specific disease or disorder. IEP health-related service professionals can choose the sign, symptom or condition code to bill services that treat a sign, symptom or condition. For example:

An IEP team determines that a child needs services from a Speech Language Pathologist (SLP). The SLP treats the child for slurred speech. The SLP will determine the ICD-10-CM code by finding the sign, symptom or condition of “slurred speech” classified under *R47.81*.

### **Who chooses the ICD-10-CM code?**

Primary care providers or mental health professionals working within the scope of their practice may diagnose a child and provide the ICD-10-CM disease or disorder code for that diagnosis. If a code is not given with the diagnosis, IEP team members are encouraged to contact the primary care provider or mental health professional for the appropriate code. If an IEP team does not receive a response, an IEP health-related service professional (“IEP health professional”) may choose the code based on the diagnosis received.

When an IEP team does not have a diagnosis from a primary care provider or mental health professional, the IEP team must identify the child’s health-related need, and the IEP health professional will choose the sign, symptom or condition code that describes the service given to the child.

IEP health professionals include:

- Nurses
- Occupational Therapists
- Physical Therapists
- Speech-Language Pathologists
- Audiologists
- School Psychologists

IEP health professionals will also be responsible for choosing ICD-10-CM codes for services provided by individuals who are not IEP health professionals. These services include assistive technology, personal care assistance, special transportation and interpreters. When a child receives one of these services, IEP health professionals must choose the ICD-10-CM code for the sign, symptom, or condition that justifies why the child received the service.

## Online resources

The [Centers for Medicare and Medicaid Services](#) ICD-10 website provides a tabular list and index of ICD-10-CM codes for download. Select “2015 ICD-10-CM and GEMs” from the left hand menu. Download the large file zipped file, “2015 Tables and Index.” The tabular list organizes codes by chapter. The index lists them in alphabetical order. CMS updates the tabular list and index periodically.

[ICD10Data.com](#) is a commercial website that provides free access to ICD-10 codes and related information. You can search by keyword, navigate ICD-10-CM codes by chapter, and convert ICD-9 codes to ICD-10-CM codes. The conversion tool only approximates the ICD-10-CM code. Rely on the health-related interpretation justifying the child’s service to identify the appropriate ICD-10-CM code.

## Navigating ICD-10-CM codes

The WHO organized ICD-10-CM codes into 21 chapters that classify (1) diseases and disorders and (2) signs, symptoms and conditions. All ICD-10-CM codes beginning with the same letter are in the same chapter. For example, Chapter 5 contains mental, behavioral and neurodevelopmental disorders and all codes begin with the letter “F.”

Be aware of coding rules. Some codes only apply to specific populations like age or gender. Find these rules by clicking the [coding rules tab](#) on ICD10Data.com.

Some ICD-10-CM codes are not billable. For example, F80 is not a billable code, because it describes a category of disorders (“Specific developmental disorders of speech and language”). But you can use the five codes categorized under F80, such as *F80.1* (“Expressive language disorder”), because it describes the disorder in better detail. ICD10Data.com tells you if a code is billable by placing a red arrow next to non-billable codes and a green arrow next to billable codes.

## Report the most specific ICD-10-CM code

IEP health professionals must report ICD-10-CM codes that best describe why the child needs a health-related service. Ask if the service is (1) treating a disease or disorder diagnosed in the child or (2) treating a sign, symptom or condition.

In many situations, the IEP team will report more than one code to clearly describe the treatment or service the child received. This may occur if a child has been diagnosed with a disease or disorder, and a child receives services for a sign, symptom or condition of that disease or disorder.

Think in terms of primary and secondary codes. The primary code will always be a disease or disorder code if a primary care provider or mental health professional diagnosed the child with a disease or disorder. You would then report a secondary code describing the sign, symptom or condition treated in the child.

But if you do not have a diagnosis for the child, report the sign, symptom or condition code as the primary code. In this situation, there is no secondary code to report.

### **Where do I record ICD-10-CM codes?**

Record ICD-10-CM codes in the child's IEP file. For health privacy reasons, do not record ICD-10-CM codes in the child's IEP plan. The child's health record or IEP file should justify the child's health-related need and should match each code to each billed service.

Identify ICD-10-CM codes once and use them for billing a service throughout the year, unless the need for service changes. When a child's need changes, the service or treatment changes. Review and change the code in the child's IEP file to match the new service.

### **Reporting ICD-10-CM codes on MHCP claims**

Continue submitting claims using the T1018 procedure code, with the modifier identifying the health-related service (U1–U8 TM). Use procedure code T1013 for interpreter services.

When submitting your claim, use the pointer to identify the ICD-10-CM code for the service.

- For *batch claims*, do not include the decimal point in the code. For example, you would enter the R26.9 as *R269*. The system will deny batch claims submitted with a decimal point in the code.
- For *MN–ITS Direct Data Entry (DDE)*, you can submit the code with or without the decimal point. MN–ITS removes the decimal before it displays the code on the claim.
- When reporting more than one code, enter each code into the diagnosis field.

### **Contact for more information**

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